Health care system

1928. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that health care delivery system in the country is woefully inadequate as reported in the Economic Times dated the 4th February, 2003;

(b) if so, the details in this regard;

(c) whether Government are considering involvement of private sector in the health care system;

(d) if so, the details in this regard;

(e) whether Government propose to provide the necessary concessions and facilities sought by the private sector to participate in the health care system, including reduction in the duties and taxes on imported medical equipments; and

(f) if so, the details in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) As Health is a State subject, State Governments are primarily responsible for the provision of preventive, promotive and curative aspects of health care services. However, health needs of the country are enormous as also dynamic. Central Government is also making every effort to augment the health care services provided by the State Governments by implementing various National Health Programmes for control of major diseases. A vast rural health care infrastructure comprising 1,37,211 Sub Centres (SCs), 22842 Primary Health Centres (PHCs), 3043 Community Health Centres (CHCs) has been established up to March, 2002 for the provision of health care services. In the urban areas, health facilities are provided through sub-divisional and District Hospitals/tertiary level hospitals/ Medical Colleges and institutions run by private and voluntary organisations. State health systems project with World Bank assistance aimed at improving and upgrading the secondary level health care facilities is presently under implementation in seven States.

(c) and (d) The National Health Policy, 2002, welcomes the participation of private sector in all areas of health activities-primary, secondary and tertiary-with suitable regulatory mechanism. This policy

has taken Into consideration various relevant factors including, *inter-alia,* health care financing, equity, public health infrastrucutre, etc. which would have an impact on making available and improving the quality of health care services in the country. The Central Government will continue to play an important roie in designing national health programmes with the active participation of the State Governments.

(e) and (f) In order to encourage private hospitals to expand medical infrastructure or establish new facilities, it has been proposed in the Budget 2003-04 to extend the benefit of Section 10(23G) of Income Tax Act to such financial institutions as provide long term capital to private hospitals with 100 beds or more. It is also proposed to reduce the customs duty on specified life saving equipment for 25 percent to 5 percent and also exempt them from counterveiling duty (CVD). Further, it is proposed to extend the concessional duty rate of 5% to some -more life saving drugs. CVD on 88 specified life saving drugs and specified life saving medical equipment presently attracting 5% customs duty has been reduced to NIL by exempting them from excise duty. Basic customs duty on glucometers and glocometer test strips used by diabetics is proposed to be reduced from 10% to 5%. To assist citizens with impaired vision, the basic custom duties on rough opthalmic blanks will be reduced from 25 to 5 percent. Drugs and materials for clinical trials will also be exempt from customs duty.

Vacancies in CGHS dispensaries

1929. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of posts of various categories lying vacant in CGHS dispensaries at present, State-wise and since when; and

(b) by when the above said posts are likely to be filled up especially for SCs and STs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The information is being collected and would be laid on the Table of the House.